



## ADDITIONAL CARE DAY REQUEST

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian ID Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date(s) of additional care being requested:

\_\_\_\_\_

Are you willing to have your child in another color family if there is space available on the dates requested? (This does not apply to the Red Family.) \_\_\_\_\_ yes \_\_\_\_\_ no

### I understand that if the additional care days are approved:

- I will be billed according to the following rate:
  - School-Age: 50.00/day of additional care
  - Preschool: 50.00/day of additional care
  - Toddler: 55.00/day of additional care
- I will be charged for these dates whether my child does or does not attend (for example, if my child is absent due to illness or change of plans).
- I understand I will be assessed a separate fee in addition to my regularly scheduled bill.
- I understand that I cannot "exchange" a regular day of my schedule for a day outside my schedule (i.e., if my child attends Tuesday/Thursday, I cannot "exchange" one of the Tuesdays for a Monday, Wednesday, or Friday).
- I understand that the extra day requested is not approved until I receive an email confirmation back from the UCLC administrative team.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed signature is acceptable

**Reminder: Payment is not due until the charge slip has been prepared.**

For Office Use only:
Date Received: _____
Approved / Denied Please circle
Amount to be charged: _____
_____
Administrative signature
_____
Date
_____